

Pride in Parenting Randomization Form

This is the final form to be completed by the Family Resource Specialist at the initial interview. It is to be used to identify and inform the mother to the group -- either home visit or follow-up -- to which she has been randomly assigned.

This form is to be completed following administration of all baseline questionnaires (Baseline Information Form, the AAPI, the CPSS, the HBM, and the KIDI).

1. Medical Record Number: _____
2. Today's Date: _____
MM DD YY
3. Initial Interview Completed?
 Yes 1
 No 2
 If NO, **SPECIFY REASON FOR TERMINATION OF INTERVIEW AND DO NOT RANDOMIZE** _____
4. Time Interview Completed (hr. min.) _____:_____ am pm
(9999) interview=not completed
5. Were other individuals present during the interview? (Y/N)
 Yes 1
 No 2
 If **YES, SPECIFY** _____
6. Was the interview interrupted for any reason? (Y/N)
 Yes 1
 No 2
 If **YES, SPECIFY** _____
7. How would you rank the:

	GOOD	FAIR	POOR
Level of cooperation of the mother	1	2	3
Mother's ability to understand	1	2	3
the questions being asked			
Mother's level of attention	1	2	3
Overall quality of interview	1	2	3

NOTE RANDOMIZATION ASSIGNMENT HERE

Family Resource Specialist: _____ (please initial)

Signature of Project Coordinator and Date: _____